WEST Search History

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DATE: Wednesday, September 14, 2005

Hide?	Set Name	Query	Hit Count
	DB=PGPB,USPT,EPAB; PLUR=YES; OP=ADJ		
☐	L43	L41 and supra$	1
☐	L42	L41 and addit$	1
☐	L41	6190660.pn.	1
☐	L40	L39 and synerg$	12
☐	L39	L38 and L37	17
☐	L38	(424/130.1 |424/134.1 |424/135.1 |424/138.1 |424/141.1 |424/142.1 |424/155.1 |424/156.1)![CCLS]	3244
☐	L37	L36 or L35 or L34	102
☐	L36	L33.clm.	93
☐	L35	L33.ti.	14
☐	L34	L33.ab.	29
☐	L33	L32 or L1	552
☐	L32	CD105	156
☐	L31	L30 and cisplatin	3
☐	L30	L28 not @ay>2001	16
☐	L29	L28 not @py>2001	8
☐	L28	L7 and synerg$	30
☐	L27	L25 not @ay>2001	13
☐	L26	L14 and chemotherap$	5
☐	L25	L13 and L1	20
☐	L24	L23 not @ay>2001	7
☐	L23	L22 and synerg$	28
☐	L22	L21 and L1	76
☐	L21	L20 and L19	163
☐	L20	cancer$ or tumor$ or neoplas$	171759
☐	L19	CD105 or SN6$	662
☐	L18	L14 and additive	1
☐	L17	L14 and addit$	7
☐	L16	L14 and synerg$	0
☐	L15	L14 and L13	0

☐	L14	L1 and SN6$	7
☐	L13	L12 and synerg$	20
☐	L12	L11 and doxorubicin	28
☐	L11	L10 and L7	49
☐	L10	L9 or L8	59741
☐	L9	L2.ab.	37849
☐	L8	L2.clm.	39977
☐	L7	L5 or L4 or L3	87
☐	L6	L5 and L4 and L3	11
☐	L5	L1.ti.	14
☐	L4	L1.ab.	26
☐	L3	L1.clm.	80
☐	L2	antibod$	151295
☐	L1	endoglin	471

END OF SEARCH HISTORY

```
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                   STN AnaVist, now available
 NEWS  4  AUG 11   Derwent World Patents Index(R) web-based training during
                   August
 NEWS  5  AUG 11   STN AnaVist workshops to be held in North America
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 NEWS  7  AUG 30   CASREACT - Enhanced with displayable reaction conditions
 NEWS  8  SEP 09   ACD predicted properties enhanced in REGISTRY/ZREGISTRY

 NEWS EXPRESS  JUNE 13 CURRENT WINDOWS VERSION IS V8.0, CURRENT
               MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),
               AND CURRENT DISCOVER FILE IS DATED 13 JUNE 2005

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FILE 'HOME' ENTERED AT 09:06:55 ON 14 SEP 2005

=> file medline
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     0.21       0.21

FILE 'MEDLINE' ENTERED AT 09:07:08 ON 14 SEP 2005

 FILE LAST UPDATED: 13 SEP 2005 (20050913/UP).  FILE COVERS 1950 TO DATE.

 On December 19, 2004, the 2005 MeSH terms were loaded.

 The MEDLINE reload for 2005 is now available.  For details enter HELP
 RLOAD at an arrow promt (=>).  See also:
```

http://www.nlm.nih.gov/mesh/
http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html

OLDMEDLINE now back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2005 vocabulary.

This file contains CAS Registry Numbers for easy and accurate substance identification.

```
=> s snj?
L1          83 SNJ?

=> s sn6?
L2          42 SN6?

=> s cd105 or antiendoglin or (anti-endoglin) or (anti? (S) endoglin)
           244 CD105
             0 ANTIENDOGLIN
        576495 ANTI
             6 ANTIS
        576499 ANTI
                  (ANTI OR ANTIS)
           350 ENDOGLIN
            17 ANTI-ENDOGLIN
                  (ANTI(W)ENDOGLIN)
       2319481 ANTI?
           350 ENDOGLIN
            81 ANTI? (S) ENDOGLIN
L3         296 CD105 OR ANTIENDOGLIN OR (ANTI-ENDOGLIN) OR (ANTI? (S) ENDOGLIN)

=> s chemotherap? or anticancer?
        180310 CHEMOTHERAP?
         17992 ANTICANCER?
L4      193588 CHEMOTHERAP? OR ANTICANCER?

=> s synerg?
L5       83477 SYNERG?

=> s l5 and l3
L6           5 L5 AND L3

=> s l6 and l4
L7           3 L6 AND L4

=> d ibib 1-3

L7   ANSWER 1 OF 3     MEDLINE on STN
ACCESSION NUMBER:   2004470352     MEDLINE
DOCUMENT NUMBER:    PubMed ID: 15382054
TITLE:              Combination of low-dose cisplatin and recombinant
                    xenogeneic endoglin as a vaccine induces
                    synergistic antitumor activities.
AUTHOR:             Tan Guang-Hong; Tian Ling; Wei Yu-Quan; Zhao Xia; Li Jiong;
                    Wu Yang; Wen Yan-Jun; Yi Tao; Ding Zhen-Yu; Kan Bin; Mao
                    Yong-Qiu; Deng Hong-Xin; Li Hong-Li; Zou Chun-Hua; Fu
                    Chun-Hua
CORPORATE SOURCE:   Key Laboratory of Biotherapy of Human Diseases of the
                    Ministry of Education and Cancer Center, West China
                    Hospital, West China Medical School, Sichuan University,
                    Chengdu, People's Republic of China.
```

SOURCE: International journal of cancer. Journal international du cancer, (2004 Nov 20) 112 (4) 701-6.
Journal code: 0042124. ISSN: 0020-7136.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200411
ENTRY DATE: Entered STN: 20040922
Last Updated on STN: 20041117
Entered Medline: 20041116

L7 ANSWER 2 OF 3 MEDLINE on STN
ACCESSION NUMBER: 2002115119 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11848470
TITLE: Antiangiogenic and antitumor effects of a protein kinase Cbeta inhibitor in human HT-29 colon carcinoma and human CaKi1 renal cell carcinoma xenografts.
AUTHOR: Teicher B A; Menon K; Alvarez E; Galbreath E; Shih C; Faul M M
CORPORATE SOURCE: Lilly Research Laboratories, Indianapolis, IN 46285, USA.. TEICHER_BEVERLY_A@Lilly.com
SOURCE: Anticancer research, (2001 Sep-Oct) 21 (5) 3175-84.
Journal code: 8102988. ISSN: 0250-7005.
PUB. COUNTRY: Greece
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200203
ENTRY DATE: Entered STN: 20020219
Last Updated on STN: 20020313
Entered Medline: 20020312

L7 ANSWER 3 OF 3 MEDLINE on STN
ACCESSION NUMBER: 2001640533 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11691802
TITLE: **Antiangiogenic** therapy of established tumors in human skin/severe combined immunodeficiency mouse chimeras by **anti-endoglin** (**CD105**) monoclonal **antibodies**, and **synergy** between **anti-endoglin antibody** and cyclophosphamide.
AUTHOR: Takahashi N; Haba A; Matsuno F; Seon B K
CORPORATE SOURCE: Department of Immunology, Roswell Park Cancer Institute, Buffalo, New York 14263, USA.
CONTRACT NUMBER: P30 CA16056 (NCI)
SOURCE: Cancer research, (2001 Nov 1) 61 (21) 7846-54.
Journal code: 2984705R. ISSN: 0008-5472.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200112
ENTRY DATE: Entered STN: 20011107
Last Updated on STN: 20020123
Entered Medline: 20011204

=> d his

(FILE 'HOME' ENTERED AT 09:06:55 ON 14 SEP 2005)

FILE 'MEDLINE' ENTERED AT 09:07:08 ON 14 SEP 2005

```
L1            83 S SNJ?
L2            42 S SN6?
L3           296 S CD105 OR ANTIENDOGLIN OR (ANTI-ENDOGLIN) OR (ANTI? (S) ENDOGL
L4        193588 S CHEMOTHERAP? OR ANTICANCER?
L5         83477 S SYNERG?
L6             5 S L5 AND L3
L7             3 S L6 AND L4

=> d l6 ibib 1-5

L6   ANSWER 1 OF 5     MEDLINE on STN
ACCESSION NUMBER:   2004470352     MEDLINE
DOCUMENT NUMBER:    PubMed ID: 15382054
TITLE:              Combination of low-dose cisplatin and recombinant
                    xenogeneic endoglin as a vaccine induces
                    synergistic antitumor activities.
AUTHOR:             Tan Guang-Hong; Tian Ling; Wei Yu-Quan; Zhao Xia; Li Jiong;
                    Wu Yang; Wen Yan-Jun; Yi Tao; Ding Zhen-Yu; Kan Bin; Mao
                    Yong-Qiu; Deng Hong-Xin; Li Hong-Li; Zou Chun-Hua; Fu
                    Chun-Hua
CORPORATE SOURCE:   Key Laboratory of Biotherapy of Human Diseases of the
                    Ministry of Education and Cancer Center, West China
                    Hospital, West China Medical School, Sichuan University,
                    Chengdu, People's Republic of China.
SOURCE:             International journal of cancer. Journal international du
                    cancer, (2004 Nov 20) 112 (4) 701-6.
                    Journal code: 0042124. ISSN: 0020-7136.
PUB. COUNTRY:       United States
DOCUMENT TYPE:      Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:           English
FILE SEGMENT:       Priority Journals
ENTRY MONTH:        200411
ENTRY DATE:         Entered STN: 20040922
                    Last Updated on STN: 20041117
                    Entered Medline: 20041116

L6   ANSWER 2 OF 5     MEDLINE on STN
ACCESSION NUMBER:   2003557567     MEDLINE
DOCUMENT NUMBER:    PubMed ID: 14639611
TITLE:              Synergy between anti-endoglin
                    (CD105) monoclonal antibodies and
                    TGF-beta in suppression of growth of human endothelial
                    cells.
AUTHOR:             She Xinwei; Matsuno Fumihiko; Harada Naoko; Tsai Hilda;
                    Seon Ben K
CORPORATE SOURCE:   Department of Immunology, Roswell Park Cancer Institute,
                    Elm and Carlton Streets, Buffalo, NY 14263, USA.
SOURCE:             International journal of cancer. Journal international du
                    cancer, (2004 Jan 10) 108 (2) 251-7.
                    Journal code: 0042124. ISSN: 0020-7136.
PUB. COUNTRY:       United States
DOCUMENT TYPE:      Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:           English
FILE SEGMENT:       Priority Journals
ENTRY MONTH:        200401
ENTRY DATE:         Entered STN: 20031126
                    Last Updated on STN: 20040109
                    Entered Medline: 20040108

L6   ANSWER 3 OF 5     MEDLINE on STN
ACCESSION NUMBER:   2003252068     MEDLINE
DOCUMENT NUMBER:    PubMed ID: 12746487
TITLE:              CD105 prevents apoptosis in hypoxic endothelial
```

cells.
AUTHOR: Li Chenggang; Issa Razao; Kumar Pat; Hampson Ian N; Lopez-Novoa Jose M; Bernabeu Carmelo; Kumar Shant
CORPORATE SOURCE: Department of Pathology, Medical School, University of Manchester and Christie Hospital, Manchester M13 9PT, UK.
SOURCE: Journal of cell science, (2003 Jul 1) 116 (Pt 13) 2677-85. Electronic Publication: 2003-05-13. Journal code: 0052457. ISSN: 0021-9533.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200404
ENTRY DATE: Entered STN: 20030531
Last Updated on STN: 20040420
Entered Medline: 20040419

L6 ANSWER 4 OF 5 MEDLINE on STN
ACCESSION NUMBER: 2002115119 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11848470
TITLE: Antiangiogenic and antitumor effects of a protein kinase Cbeta inhibitor in human HT-29 colon carcinoma and human CaKi1 renal cell carcinoma xenografts.
AUTHOR: Teicher B A; Menon K; Alvarez E; Galbreath E; Shih C; Faul M M
CORPORATE SOURCE: Lilly Research Laboratories, Indianapolis, IN 46285, USA.. TEICHER_BEVERLY_A@Lilly.com
SOURCE: Anticancer research, (2001 Sep-Oct) 21 (5) 3175-84. Journal code: 8102988. ISSN: 0250-7005.
PUB. COUNTRY: Greece
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200203
ENTRY DATE: Entered STN: 20020219
Last Updated on STN: 20020313
Entered Medline: 20020312

L6 ANSWER 5 OF 5 MEDLINE on STN
ACCESSION NUMBER: 2001640533 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11691802
TITLE: **Antiangiogenic** therapy of established tumors in human skin/severe combined immunodeficiency mouse chimeras by **anti-endoglin** (**CD105**) monoclonal **antibodies**, and **synergy** between **anti-endoglin antibody** and cyclophosphamide.
AUTHOR: Takahashi N; Haba A; Matsuno F; Seon B K
CORPORATE SOURCE: Department of Immunology, Roswell Park Cancer Institute, Buffalo, New York 14263, USA.
CONTRACT NUMBER: P30 CA16056 (NCI)
SOURCE: Cancer research, (2001 Nov 1) 61 (21) 7846-54. Journal code: 2984705R. ISSN: 0008-5472.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200112
ENTRY DATE: Entered STN: 20011107
Last Updated on STN: 20020123
Entered Medline: 20011204

```
=> s caplus
L8          3 CAPLUS

=> file caplus
COST IN U.S. DOLLARS                                    SINCE FILE      TOTAL
                                                           ENTRY    SESSION
FULL ESTIMATED COST                                         3.26       3.47

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FILE LAST UPDATED: 13 Sep 2005  (20050913/ED)

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=> s cd105 or antiendoglin or (anti-endoglin) or (anti? (S) endoglin)
           224 CD105
             1 ANTIENDOGLIN
        380702 ANTI
             9 ANTIS
        380709 ANTI
                 (ANTI OR ANTIS)
           339 ENDOGLIN
           401 ENDOGLINS
           487 ENDOGLIN
                 (ENDOGLIN OR ENDOGLINS)
            18 ANTI-ENDOGLIN
                 (ANTI(W)ENDOGLIN)
       2321357 ANTI?
           339 ENDOGLIN
           401 ENDOGLINS
           487 ENDOGLIN
                 (ENDOGLIN OR ENDOGLINS)
           146 ANTI? (S) ENDOGLIN
L9         313 CD105 OR ANTIENDOGLIN OR (ANTI-ENDOGLIN) OR (ANTI? (S) ENDOGLIN)

=> s synerg?
L10     100162 SYNERG?

=> s l9 and l10
L11          8 L9 AND L10

=> s chemotherap? or anticancer?
         67803 CHEMOTHERAP?
         32547 ANTICANCER?
L12      95181 CHEMOTHERAP? OR ANTICANCER?
```

```
=> s l11 and l12
L13          3 L11 AND L12

=> s l11 not py>2001
       4022896 PY>2001
L14          3 L11 NOT PY>2001

=> d ibib 1-3

L14  ANSWER 1 OF 3  CAPLUS  COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER:         2002:195484  CAPLUS
DOCUMENT NUMBER:          137:210512
TITLE:                    Antiangiogenic and antitumor effects of a protein
                          kinase Cβ inhibitor in human HT-29 colon
                          carcinoma and human CaKi1 renal cell carcinoma
                          xenografts
AUTHOR(S):                Teicher, Beverly A.; Menon, Krishna; Alvarez, Enrique;
                          Galbreath, Elizabeth; Shih, Chuan; Faul, Margaret M.
CORPORATE SOURCE:         Lilly Research Laboratories, Lilly Corporate Center,
                          Indianapolis, IN, 46285, USA
SOURCE:                   Anticancer Research (2001), 21(5), 3175-3184
                          CODEN: ANTRD4; ISSN: 0250-7005
PUBLISHER:                International Institute of Anticancer Research
DOCUMENT TYPE:            Journal
LANGUAGE:                 English
REFERENCE COUNT:          70    THERE ARE 70 CITED REFERENCES AVAILABLE FOR THIS
                                RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14  ANSWER 2 OF 3  CAPLUS  COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER:         2001:832793  CAPLUS
DOCUMENT NUMBER:          136:95741
TITLE:                    Antiangiogenic therapy of established tumors
                          in human skin/severe combined immunodeficiency mouse
                          chimeras by anti-endoglin (
                          CD105) monoclonal antibodies, and
                          synergy between anti-
                          endoglin antibody and
                          cyclophosphamide
AUTHOR(S):                Takahashi, Norihiko; Haba, Akinao; Matsuno, Fumihiko;
                          Seon, Ben K.
CORPORATE SOURCE:         Department of Immunology, Roswell Park Cancer
                          Institute, Buffalo, NY, 14263, USA
SOURCE:                   Cancer Research (2001), 61(21), 7846-7854
                          CODEN: CNREA8; ISSN: 0008-5472
PUBLISHER:                American Association for Cancer Research
DOCUMENT TYPE:            Journal
LANGUAGE:                 English
REFERENCE COUNT:          55    THERE ARE 55 CITED REFERENCES AVAILABLE FOR THIS
                                RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14  ANSWER 3 OF 3  CAPLUS  COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER:         1996:32553  CAPLUS
DOCUMENT NUMBER:          124:114613
TITLE:                    Hodgkin's disease and anaplastic large cell lymphoma
                          revisited. 1. Unique cytokine and cytokine receptor
                          profile distinguished from that of non-Hodgkin's
                          lymphomas
AUTHOR(S):                Hsu, Su-Ming; Waldron, James; Xie, Su-Su; Hsu,
                          Pei-Ling
CORPORATE SOURCE:         John L. McClellan Veterans Hospital, Little Rock, AR,
                          72205, USA
SOURCE:                   Journal of Biomedical Science (Basel) (1995), 2(4),
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302-13
CODEN: JBCIEA; ISSN: 1021-7770
PUBLISHER: Karger
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

=> d kwic 3

L14 ANSWER 3 OF 3 CAPLUS COPYRIGHT 2005 ACS on STN
AB . . . H-RS/ALCL cells may express cytokine receptors (R), such as CD30, CD40, IL-2R (CD25/CD122), IL-6R (CD126), IL-7R (CD127), TNF-R (CD120), TGF-βR (**CD105**/endoglin), M-CSFR (CD115), and SCFR (CD117/c-kit receptor). All of these cytokines and cytokine receptors are implicated in the growth regulation of. . . in conjunction with IL-9 and/or CD117 may be regarded as unique for HD/ALCL because of an unusual combination and a **synergistic** activity among these cytokines. The expression of CD70 and CD80/CD86 (as cytokines) may exert a unique effect in HD because. . .

=> d ibib ab 3

L14 ANSWER 3 OF 3 CAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1996:32553 CAPLUS
DOCUMENT NUMBER: 124:114613
TITLE: Hodgkin's disease and anaplastic large cell lymphoma revisited. 1. Unique cytokine and cytokine receptor profile distinguished from that of non-Hodgkin's lymphomas
AUTHOR(S): Hsu, Su-Ming; Waldron, James; Xie, Su-Su; Hsu, Pei-Ling
CORPORATE SOURCE: John L. McClellan Veterans Hospital, Little Rock, AR, 72205, USA
SOURCE: Journal of Biomedical Science (Basel) (1995), 2(4), 302-13
CODEN: JBCIEA; ISSN: 1021-7770
PUBLISHER: Karger
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review with 123 refs. In cultures, and in tissues as well, Hodgkin's and Reed-Sternberg (H-RS) cells and anaplastic large cell lymphoma (ALCL) cells are known to express a variety of cytokines, including IL-1, -5, -6, -8, -9, TNF-α, GM-CSF, M-CSF, TGF-β, CD70, CD80, and CD86. Various nos. of H-RS/ALCL cells may express cytokine receptors (R), such as CD30, CD40, IL-2R (CD25/CD122), IL-6R (CD126), IL-7R (CD127), TNF-R (CD120), TGF-βR (**CD105**/endoglin), M-CSFR (CD115), and SCFR (CD117/c-kit receptor). All of these cytokines and cytokine receptors are implicated in the growth regulation of H-RS/ALCL cells, the histopathol. alterations in tissues, and the clin. manifestations in patients with Hodgkin's disease (HD) or ALCL. Many of these cytokines or cytokine receptors also play an important role in the pathogenesis of other types of lymphomas. In this review, the authors describe the cytokine or cytokine-receptor expression that is diacritic for H-RS/ALCL cells. The identification of such unique cytokine-cytokine receptor interactions is likely to explain the biol. property that distinguishes HD/ALCL from other types of lymphomas. These interactions include those of CD30L-CD30, CD40L-CD40, CD70-CD27, CD80/CD86-CD28, SCF-CD117, IL-9-IL9R, and IL-7-IL-7R. The H-RS/ALCL cells express IL-9 and two cytokine receptors, CD30 and CD117, which are observed infrequently in NHLs. Although IL-7 expression is not restricted to H-RS/ALCL cells, the expression of IL-7 in conjunction with IL-9 and/or CD117 may be regarded as unique for HD/ALCL because of an unusual combination and a **synergistic** activity

among these cytokines. The expression of CD70 and CD80/CD86 (as cytokines) may exert a unique effect in HD because of intimate contact between H-RS cells and CD27/CD28-pos. T cells. The expression of these costimulators (CD70 and CD80/CD86) and other adhesion/costimulator mols. such as CD54 and CD58, along with the secretion of soluble cytokines such as IL-1, IL-6, IL-7, or TNFs by H-RS/ALCL cells, could result in the profound T-cell proliferation often seen in lymph nodes involved by HD and some ALCL. The expression of CD30L and CD40L by surrounding T cells may affect the proliferation of H-RS/ALCL cells. The cytokine-cytokine receptor interaction between H-RS cells and T cells via direct cell-cell contact is bidirectional, a situation not commonly seen in NHLs.

```
=> file pctfull
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                    28.20      31.67

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)          SINCE FILE      TOTAL
                                                       ENTRY    SESSION
CA SUBSCRIBER PRICE                                    -1.46      -1.46

FILE 'PCTFULL' ENTERED AT 09:12:09 ON 14 SEP 2005
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FILE LAST UPDATED:          6 SEP 2005     <20050906/UP>
MOST RECENT UPDATE WEEK:       200535       <200535/EW>
FILE COVERS 1978 TO DATE

>>> IMAGES ARE AVAILABLE ONLINE AND FOR EMAIL-PRINTS <<<

=> s cd105 or antiendoglin or (anti-endoglin) or (anti? (S) endoglin)
           129 CD105
             0 ANTIENDOGLIN
        160674 ANTI
           158 ANTIS
        160703 ANTI
                 (ANTI OR ANTIS)
           303 ENDOGLIN
            15 ANTI-ENDOGLIN
                 (ANTI(W)ENDOGLIN)
        282747 ANTI?
           303 ENDOGLIN
           199 ANTI? (S) ENDOGLIN
L15        286 CD105 OR ANTIENDOGLIN OR (ANTI-ENDOGLIN) OR (ANTI? (S) ENDOGLIN)

=> s synerg?
L16      32472 SYNERG?

=> s l15 and l16
L17         68 L15 AND L16

=> s chemotherap? or anticancer?
         27871 CHEMOTHERAP?
         13352 ANTICANCER?
L18      34531 CHEMOTHERAP? OR ANTICANCER?

=> s l17 and l18
L19         51 L17 AND L18

=> s l15/ab
             5 CD105/AB
             0 ANTIENDOGLIN/AB
```

```
         19384 ANTI/AB
             1 ANTIS/AB
         19384 ANTI/AB
                 ((ANTI OR ANTIS)/AB)
             4 ENDOGLIN/AB
             1 ANTI-ENDOGLIN/AB
                 ((ANTI(W)ENDOGLIN)/AB)
         56517 ANTI?/AB
             4 ENDOGLIN/AB
             1 ANTI?/AB (S) ENDOGLIN/AB
L20          6 (CD105/AB OR ANTIENDOGLIN/AB OR (ANTI-ENDOGLIN/AB) OR (ANTI?/AB
               (S) ENDOGLIN/AB))

=> s l20 and l16
L21          1 L20 AND L16

=> d ibib 1

L21    ANSWER 1 OF 1     PCTFULL   COPYRIGHT 2005 Univentio on STN
ACCESSION NUMBER:        2005017117 PCTFULL  ED 20050302  EW 200508
TITLE (ENGLISH):         MULTIPOTENT AMNIOTIC FETAL STEM CELLS (MAFSC) AND
                         BANKING OF SAME
TITLE (FRENCH):          CELLULES SOUCHES FOETALES AMNIOTIQUES PLURIPOTENTES
                         (MAFSC) ET CONSTITUTION DE BANQUES DE CELLES-CI
INVENTOR(S):             HAAS, Martin, 4888 Drakewood Terrace, San Diego, CA
                         92130, US [US, US]
PATENT ASSIGNEE(S):      HAAS, Martin, 4888 Drakewood Terrace, San Diego, CA
                         92130, US [US, US]
AGENT:                   HART, Daniel$, Knobbe Martens Olson & Bear LLP, 2040
                         Main Street, 14th Floor, Irvine, CA 92614$, US
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                         CR CU CZ DE DK DM DZ EC EE EG ES FI GB GD GE GH GM HR
                         HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV
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                         MC NL PL PT RO SE SI SK TR
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APPLICATION INFO.:       WO 2004-US26304       A  20040813
PRIORITY INFO.:          US 2003-60/495,513       20030814
                         US 2003-60/495,437       20030814


=> d kwic

L21    ANSWER 1 OF 1     PCTFULL   COPYRIGHT 2005 Univentio on STN
ABEN . . . cells are characterized by the following cell surface markers:
       SSEA3, SSEA4, Tra-1-60, Tra-1-81, Tra-2-54, HLA class I, CD13, CD44,
       CD49b, CD105 and are distinguished by the absence of the
       antigen markers CD34, CD45, and HLA Class II, but are distinguished
       from. . .
ABFR . . . sont caracterisees par les marquers de surface cellulaire
```

suivants: SSEA3, SSEA4, Tra-1-60, Tra-1-81, Tra-2-54, HLA classe I, CD13, CD44, CD49b, **CD105** et se distinguent par l'absence de marqueurs d'antigenes CD34, CD45, et HLA Classe II, mais se distinguent des cellules souches. . . de personnes enceintes. Les cellules derivees de fluides amniotiques sont placees dans des banques pour permettre l'acces aux cellules souches **synergiques** pluripotentes ou compatibles avec des antigenes de transplantation.

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     (FILE 'HOME' ENTERED AT 09:06:55 ON 14 SEP 2005)

     FILE 'MEDLINE' ENTERED AT 09:07:08 ON 14 SEP 2005
L1            83 S SNJ?
L2            42 S SN6?
L3           296 S CD105 OR ANTIENDOGLIN OR (ANTI-ENDOGLIN) OR (ANTI? (S) ENDOGL
L4        193588 S CHEMOTHERAP? OR ANTICANCER?
L5         83477 S SYNERG?
L6             5 S L5 AND L3
L7             3 S L6 AND L4
L8             3 S CAPLUS

     FILE 'CAPLUS' ENTERED AT 09:09:59 ON 14 SEP 2005
L9           313 S CD105 OR ANTIENDOGLIN OR (ANTI-ENDOGLIN) OR (ANTI? (S) ENDOGL
L10       100162 S SYNERG?
L11            8 S L9 AND L10
L12        95181 S CHEMOTHERAP? OR ANTICANCER?
L13            3 S L11 AND L12
L14            3 S L11 NOT PY>2001

     FILE 'PCTFULL' ENTERED AT 09:12:09 ON 14 SEP 2005
L15          286 S CD105 OR ANTIENDOGLIN OR (ANTI-ENDOGLIN) OR (ANTI? (S) ENDOGL
L16        32472 S SYNERG?
L17           68 S L15 AND L16
L18        34531 S CHEMOTHERAP? OR ANTICANCER?
L19           51 S L17 AND L18
L20            6 S L15/AB
L21            1 S L20 AND L16

=> s l19 not py>2000
        506539 PY>2000
L22            13 L19 NOT PY>2000

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L22    ANSWER 4 OF 13    PCTFULL   COPYRIGHT 2005 Univentio on STN
ACCESSION NUMBER:        2000002584 PCTFULL  ED 20020515
TITLE (ENGLISH):         CANCER TREATMENT METHODS USING ANTIBODIES TO
                         AMINOPHOSPHOLIPIDS
TITLE (FRENCH):          PROCEDES DE TRAITEMENT DU CANCER REPOSANT SUR
                         L'UTILISATION D'ANTICORPS VIS-A-VIS DES
                         AMINOPHOSPHOLIPIDES
INVENTOR(S):             THORPE, Philip, E.;
                         RAN, Sophia
PATENT ASSIGNEE(S):      BOARD OF REGENTS, THE UNIVERSITY OF TEXAS SYSTEM
LANGUAGE OF PUBL.:       English
DOCUMENT TYPE:           Patent
PATENT INFORMATION:
                         NUMBER              KIND     DATE
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PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG UZ VN YU
ZA ZW GH GM KE LS MW SD SL SZ UG ZW AM AZ BY KG KZ MD
RU TJ TM AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC
NL PT SE BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

APPLICATION INFO.: WO 1999-US15600 A 19990712
PRIORITY INFO.: US 1998-60/092,672 19980713
US 1998-60/110,608 19981202

DETD . . . is a
particular advantage, although the invention provides various effective compositions
and combinations thereof
2, Description of the Related Art
Tumor cell resistance to **chemotherapeutic** agents represents a significant
problem in clinical oncology. In fact, this is one of the main reasons why many of the
most prevalent forms of human cancer still resist effective **chemotherapeutic**
intervention, despite certain advances in the field of **chemotherapy**.

. . .
tumors. e.g., lymphomas, and tumors of the blood and blood- forming organs, e.g., leukemias, have generally been more responsive to I 0 **chemotherapeutic** therapy than have solid tumors, such as carcinomas.

One reason for the susceptibility of soft and blood-based tumors to **chemotherapy** is the greater accessibility of lymphoma and leukemic cells to
chemotherapeutic intervention. Simply put, it is much more difficult for most
chemotherapeutic agents to reach all of the cells of a solid tumor mass than it is the
soft tumors and blood-based tumors, and therefore much more difficult to achieve a
total cell kill. Increasing the dose of **chemotherapeutic** agents most often results in
toxic side effects, which generally limits the effectiveness of conventional anti-tumor
agents.

. . .
immunotoxin., in which an
anti-tumor cell antibody is used to deliver a toxin to the tumor cells. However, in
common with the **chemotherapeutic** approaches described above, immunotoxin
therapy also suffers from significant drawbacks. For example, antigen-negative or
antigen-deficient cells can survive and repopulate the tumor. . .

The one or more additional anti-cancer agents may be **chemotherapeutic**
agents, radiotherapeutic agents, cytokines, anti-angiogenic agents, apoptosis-inducing
agents or anti-cancer immunotoxins or coaguligands. **Chemotherapeutic** agents, as
used herein, refer to classical **chemotherapeutic** agents or drugs used in the treatment of
malignancies. This term is used for simplicity notwithstanding the fact

that other
compounds may be technically described as **chemotherapeutic**
agents in that they exert
an anti-cancer effect. However, **chemotherapeutic** has come to
have a distinct
meaning in the art and is being used according to this standard meaning
Anumberofexemplarychemotherapeuticaocntsaredescribedherein. Thoseof
t,
ordinary skill in the art will readily understand the uses and
appropriate doses of
chemotherapeutic agents, although the doses may well be
reduced when used in
t]
combination with the present invention. A new class of drugs that may
also be termed
t]
chemotherapeutic agents are agents that induce apoptosis. Any
one or more of such
drucys, including genes, vectors and antisense constructs, as
appropriate,. . .

Anti-tumor vasculature immunotoxins or coaguligands may
comprise ligands,
antibodies, or fragments thereof, that bind to a
surface-expressed, surface-accessible
or surface-localized component of the blood transporting vessels,
preferably the
intratumoral blood vessels, of a vascularized tumor. Such
antibodies include those
that bind to surface-expressed components of intraturnoral blood vessels
of a
vascularized tumor, including aminophospholipids themselves, and
intraturnoral
vasculature cell surface receptors, such as **endoglin** (TEC-4
and TEC- I I **antibodies**), a
TGFP receptor, E-selectin. P-selectin, VCAM-1, ICAM-1, PSMA, a VEGFNPF
receptor, an FGF receptor, a TIE, (03 integrin, pleiotropin, endosialin
and MHC
Class 11 proteins. The **antibodies** may also bind to
cytokine-inducible or coagulant-
inducible components of intraturnoral blood vessels.
. .
anti-PS, anti-PE. human,
humanized and monoclonal antibodies, or fragments thereof, being
preferred. The
anti-cancer agents are also those as described above, including
chemotherapeutic agents,
radiotherapeutic agents, anti-angiogenic agents, apoptopic agents,
immunotoxins and
coaguligands. Agents formulated for intravenous administration will
often be
preferred.

One of the present inventors has been developing **anti**-tumor
vasculature
immunotoxins and coaguligands for therapeutic use for some time (for
example, see
U.S. Patent Nos. 5,5855,866 and 5,877,289, and U.S. Applications. . .
Serial
Nos. 08/350,212, 08/487,427 and 08/482,369; Issue Fees paid; each
incorporated
herein by reference). In the non-nal course of these studies, various
antibodies,

including **anti**-Class 11, **anti-endoglin**,
anti-VCAM- I and **anti**-VEGF., have been
administered to tumor-bearing animals and shown to specifically localize
to the
intraturnoral vasculature.. Following such confirmation, the
antibodies are linked to
the toxic or coagulative effector portion to form an immunotoxin or
coaguligand,
which is then administered to exert an **anti**-tumor effect.

. . .

acceptable formulations, either for diagnosis/imagino
or combined therapy. For example, such kits may contain any one or more
of a range
of **chemotherapeutic** or radiotherapeutic drugs; anti-angiogenic
agents; anti-tumor cell
antibodies; and/or anti-tumor vasculature or anti-tumor strorna
immunotoxins or
coaguligands.

. . .

is most
preferably exploited for the treatment of solid tumors. Such uses may
employ anti-
aminophospholipid antibodies alone or in combination with
chemotherapeutic,
radiotherapeutic, apoptopic, anti-anglogenic agents and/or immunotoxins
or
coaguligands. The anti-aminophospholipid antibody methods provided by
this
invention are broadly applicable to the treatment of. . .

. . .

antibody
therapy of the invention may predispose the tumor to further therapeutic
treatment,
such that the subsequent treatment results in an overall
synergistic effect or even leads
to total remission or cure.

. . .

one course of conventional therapy, and will
have objectively measurable disease as determined by physical
examination,
laboratory techniques, and/or radiographic procedures. Any
chemotherapy should be
stopped at least 2 weeks before entry into the study. Where murine
monoclonal
antibodies or antibody portions are employed, the. . .

In connection solid tumor treatment, the present invention may be used
in
combination with classical approaches, such as surgery, radiotherapy,
chemotherapy,
and the like. The invention therefore provides combined therapies in
which anti-
aminophospholipid antibodies are used simultaneously with, before, or
after surgery
or radiation treatment; or are administered to patients with, before, or
after
conventional **chemotherapeutic**, radiotherapeutic or
anti-angiogenic agents, or targeted
immunotoxins or coaguligands.

. . .

one of the single therapies would be of benefit. Also, there is no
particular requirement for the combined treatment to exhibit
synergistic effects,

although this is certainly possible and advantageous. Agents particularly
contemplated for use in achieving potentially **synergistic** effects are those that injure,
or induce apoptosis in, the tumor endothelium, as such injury or apoptosis should
amplify the overall therapeutic. . .

J1. **Chemotherapeutics**
In certain embodiments, the anti-aminophospholipid antibodies of the present
invention may be administered in combination with a **chemotherapeutic** agent.

Chemotherapeutic drugs can kill proliferating tumor cells, enhancing the necrotic
areas created by the overall treatment. The drugs can thus enhance the. . .

By inducing the formation of thrombi in tumor vessels, the anti-aminophospholipid antibodies can enhance the action of the **chemotherapeutics** by
retaining or trapping the drugs within the tumor. The **chemotherapeutics** are thus
retained within the tumor, while the rest of the drug is cleared from the body. Tumor
cells are thus exposed. . .

Irrespective of the underlying mechanism(s), a variety of **chemotherapeutic**
agents may be used in the combined treatment methods disclosed herein.

Chemotherapeutic agents contemplated as exemplary include, e.g., tamoxifen, taxol,
vincristine, vinblastine, etoposide (VP-16), adriamycin, 5-fluorouracil (5FU),
camptothecin, actinomycin-D, mitomycin C, cisplatin (CDDP), combretastatin(s). . .

As will be understood by those of ordinary skill in the art, the appropriate
doses of **chemotherapeutic** agents will be generally around those already employed in
clinical therapies wherein the chernotherapeutics are administered alone or in
combination with other **chemotherapeutics**. By way of example only, agents such as
cisplatin, and other DNA alkylating may be used. Cisplatin has been widely used. . .

Further useftil agents include compounds that interfere with DNA replication,
mitosis, chromosomal segregation and/or tubulin activity. Such **chemotherapeutic**
compounds include adriamycin, also known as doxorubicin, etoposide, verapamil,
podophyllotoxin(s), combretastatin(s) and the like. Widely used in a clinical setting
for the treatment. . .

Exemplary **chemotherapeutic** agents that are useful in connection with
I 0 combined therapy are listed in Table B. Each of the agents listed.

TABLE B

Chemotherapeutic Agents Useful in Neoplastic Disease

NONPROPRIETARY CLASS TYPE OF AGENT (OTHER NAMES)	NAMES	DISEASE
	Mechlorethamine (HN2	Hodgkin's disease, non-Hodgkin's lymphomas
		Acute and chronic lymphocytic leukemias, Hodgkin's. . .

. . .

or ligand, is directed to a relatively specific marker of the tumor cells, tumor vasculature or tumor stroma. In common with the **chemotherapeutic** and anti-angiogenic agents discussed above, the use of an anti-aminophospholipid antibody in combination with a targeted toxin or coagulant will generally result. . . distinct agents being directed against different targets within the tumor environment. This should result in additive, markedly greater than additive or even **synergistic** anti-tumor results.

. . .

or 'body conjugate, that, when administered in vivo, will produce only negligible or anti clinically manageable side effects, such as those normallv encountered during **chemotherapy**.

For tumor vasculature targeting, the targeting **antibody** or ligand will often bind to a marker expressed by, adsorbed to, induced on or otherwise localized to the intraturnoral blood vessels of a vascularized tumor. Appropriate expressed target molecules include, for example, **endoglin**, E-selectin, P-selectin, VCAM-1, ICAM-1, PSMA (Liu et al., 1997), a TIE, a ligand reactive with LAM-1, a VEGFNPF receptor, an FGF receptor,. . . those such as VEGF, FGF, TGFP, HGF, PF4, PDGF, TIMP, a ligand that binds to a TIE and tumor-associated fibronectin isoforms. **Antigens** naturally and artificially inducible by cytokines and coagulants may also be targeted, such as ELAM- 1, VCAM-1, ICAM-1, a ligand reactive with LAM-1, **endoglin**, and even MHC Class 11 (eytokine-inducible, e.g., by IL-1, TNF-(x, IFN-7, IL-4 and/or TNF-ft- and E-selectin, P-selectin, PDGF and ICAM-1 (coagulant-inducible e.g.,. .

. . .

otherwise anti-cellular agents having the ability to kill or suppress the growth or cell division of endothelial cells. Suitable anti-cellular agents include **chemotherapeutic** agents and radioisotopes, as well as cytotoxins. Exemplary **chemotherapeutic** agents include: steroids; cytokines; anti-

metabolites, such as cytosine arabinoside, fluorouracil, methotrexate or aminopterin;
anthracyclines; mitomycin C; vinca alkaloids; antibiotics; demecolcine; etoposide;
mithramycin;. . .

A variety of **chemotherapeutic** and other pharmacological agents can also be
successfully conjugated to antibodies or targeting ligands. Exemplary antineoplastic
agents that have been conjugated to. . .

MECA 32, a pan **anti**-mouse vascular endothelial cell **antibody**, was prepared
as described by Leppink et al. (1989, incorporated herein by reference). MJ 7/18 rat
IgG. reactive with murine **endoglin**, was prepared as described by Ge and Butcher
(1994, incorporated herein by reference). The MECA 32 and MJ 7/18 **antibodies**
served as positive controls for immunohistochernical studies.

Overall, VCAM-I expression was observed on 20-30% of total tumor blood vessels stained by the **anti-endoglin**
antibody, MJ 7/18. VCAM-I staining of the
tumor vessels was largely observed on venules. VCAM-I expression was similar in
tumors up to 1500. . .

CLMEN. . . provide exemplary procedural
or other details supplementary to those set forth herein, are specifically incorporated
herein by reference.
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36 The kit of any one of claims 32 through 35, wherein said second anti-cancer
agent is a **chemotherapeutic**, radiotherapeutic, anti-angiogenic or apoptosis-inducing
agent.

41 The kit of claim 40, wherein said targeting **antibody**, or **antigen**-binding
fragment thereof, binds to a surface-expressed component of intratumoral vasculature
selected from the group consisting of an aminophospholipid, **endoglin**, a TGFP
receptor, E-selectin, P-selectin, VCAM-1, ICAM-1, PSMA, a VEGFNPF

receptor, an
FGF receptor, a TIE, UA integrin, pleiotropin, endosialin and an. . .

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L22 ANSWER 13 OF 13 PCTFULL COPYRIGHT 2005 Univentio on STN
ACCESSION NUMBER: 1996021416 PCTFULL ED 20020514
TITLE (ENGLISH): METHODS AND COMPOSITIONS FOR TREATMENT OF SOLID TUMORS IN VIVO
TITLE (FRENCH): PROCEDES ET COMPOSTIONS DE TRAITEMENT DE TUMEURS SOLIDES IN VIVO
INVENTOR(S): BURROWS, Francis, J.;
FONG, Timothy, C;
POLO, John, M.;
DUBENSKY, Thomas, W., Jr.;
JOLLY, Douglas, J.
PATENT ASSIGNEE(S): CHIRON VIAGENE, INC.
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DETD Backg[ound of the Inymfim
Many different therapies are available for treatment of various types of human
tumors. These include surgery, radiotherapy, **chemotherapy**, radioimmunotherapy, and
neoadjuvant therapy. These treatments can be used indhridually or in combination,
depending on whether the tumor is metastasizing or non-metastasizing.
. . .
intent for certain tumors. For more adensive cancers, radiation is combined with
surgery. Radiation is also used as an adjuvant to **chemotherapy** for some patients with
lymphoma or lung cancer and for several cancers in]hildren. Occasionally, **chemotherapy**
may be used to sensitize tumor cells to the toxic effects of radiation.

Chemotherapy is used when surgery or radiation is not practical or only partially
effective. **Chemotherapy**, involving the use of cytoldnes, cytotoxic drugs, hormones,
antihormones, and other biological agents, has become an increasingly effective means of
treating cancer.. . .

While most **anticancer** drugs are used systemically, there are selected indications for
local or regional administration. Regional administration involves direct infusion of active
chemotherapeutic agents into the tumor site (eg., intravesical therapy, intraperitoneal

therapy, hepatic artery infusion with or without embolization of the main blood. . .

However, many patients treated with **chemotherapy** have a limited response. Such
treatment may become ineffective because of drug resistance attributed to spontaneous
genetic mutations in subpopulations of cancer cells prior to **chemotherapy** exposure.

Following elimination of the sensitive cells by **chemotherapy,** the resistant subpopulation
grows to become the predominant cell type. I
Radioimmunotherapy is a form of treatment that offers the potential for.
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. . .
show similar efficacy in other animal
models and chncial trials (Kao, et al., BehringInst. Mill. 92:92, 1993), it was reasoned that
unique **synergistic** cofactors were produced by Meth-A cells
that sensitized the tumors to
TNF. Two such factors, endothefial-monocyte-activating polypeptides I and II (E-I,
EMAP-II),. . . 269:9774, 1994). TNF and EMAP-I and H aU induce weak tissue factor activity in
3o endothelial ceUs and monocytes but act **synergisticaUy** when combined (Kao, et al., supra;
Clauss, et al., J. Bio 1. Chem. 265:7078, 1990). This syngergistic effect may be utilized. . .
. . .
domains of VEGF. Such ligands include, but are not
limited to, TGF-p,, FGF, PDGF, u-PA, u-PA receptor antagonist, and ligands for **endoglin,**
endosialK CD31, CD34, integrin czV03, and **antigen** binding
fragments of monoclonal
antibodies reactive against receptors found on endothelial ceUs.
. . .
antifungal agent
5-fluorocytosine (5-FC). Cytosine deaminase converts 5-FC to 5-fluorouracil (5-FU,
Nishiyama, et al., Cancer Res. 45:1753, 1985). Since 5-FU is commonly used
chemotherapeutic drug for breast cancer, several groups have developed cytosine
deaminase-based 'suicide gene' therapy models for this disea e. Tumor specificity may. . . of
antibody directed enzymne-prodrug therapy (ADEPT). This enzyme has the advantage that
it can activate a wide range of phosphorylated derivatives of **anticancer** agents (e.g.
. . .
cross cell membranes until the charged phosphate
group is cleaved off, so a single enzyme could generate de novo a cocktail of
chemotherapeutic agents within the tumor mass (Senter, et al., Bioconjugate Chem. 4:3,
1993). Other suicide genes may encode a polypeptide or polypeptides. .
. . .
folate receptor (see below) and are
partially or completely growth-inhibited by folate deprivation (Matsue, el aL, PNAS

89:6006, 1992). A family of **chemotherapeutic** drugs that includes methotrexate exert their antitumor activity by antagonism of the folate pathway (Koong-Nah, el al., J Clin. Invest.

. . .

engineered to contain an avidin domain (that binds specifically to biotin) and then complexed with biotinyl derivatives of any of several monoclonal **antibodies** (MAbs) that are selective or specific for capillary endothelial cells in solid tumors. Several such reagents have been described in the. . . . is absent from the vasculature of normal tissues (Rettig, et al, PNAS 89:10832, 1989); TEC-4 and TEC- I 1, which react with **endoglin** (**CD105**), a Type HI TGF3 receptor that is upregulated; and LM609, a MAb that recognizes a conformational determinant formed by epitopes from. . .